PAUL IRVING SERGEANT AT ARMS

## Office of the Sergeant at Arms

## H.S. House of Representatibes

Mushington, A.C. 20515-6634

FOR OFFICE USE ONLY Prox #:	
Badge #:	
Fmt# 113_House	

## **CONGRESSIONAL STAFF ID REQUEST - 113th CONGRESS**

Legal Name  Last Name Legal First Name Middle Initial  Last Name Legal First Name Middle Initial  Last Name Middle Initial  Last Name Legal First Name Middle Initial  Last Name Middle Initial  Last Name Legal First Name Middle Initial  Last Name Legal First Name Middle Initial  Last Name District Change Do you have a current or recent Senate or Capitol Police ID? House Senate USCP  This section to be completed by Chief of Staff or Office Manager:  Member's Name:  Rob Woodall District/State:  The GA  Continue Phone:  Start/Change Date:  Expiration Date:  (Month/Day/Year) Required for interns, fellows temp stands to exceed 2/28/2015  Not to exceed 2/28/2015  District Phone:  Temporary Paid Member Staff Non-Photo  District Staff Temporary Paid Member Staff District Staff Temporary Paid Member Staff District	Please type or print clearly:  Social Security Number:	_ w	☐ Passport	#/Country	r
Last Name Legal First Name Middle Initial  ***********************************	J Social Security Number		_ т изэроге	##OOdilely	(Foreign Citizens Only)
Please check one of the following:	Legal Name Last Name	Legal First Nam	1e	Middle I	nitial
This section to be completed by Chief of Staff or Office Manager:  Member's Name: Rob Woodall  Office Phone: 5-4272 Fax: 5-4696 District Phone:  Start/Change Date: Expiration Date:  Employee Type: Please choose one of the following: Required for interns, fellows temp store Not to exceed 2/28/2015  Permanent Paid Member Staff Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  Temporary Intern Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  Temporary Intern Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  Temporary Intern Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  Temporary Intern Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  Temporary Intern Permanent Paid District Staff Temporary Paid Member Staft Non-Photo  The signatures below certify that the information is correct and accurate. The Member's office listed above is responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID must be returned to: ID Services, 321 Cannon HOB.  Kelley Kurtz  Signature of Member Name/Signature of Office Contact Person Name/Signature of Office Contact Person Name/Signature of Office Contact Person Name/Signature of Congressional Security. I cannot authorize another to use, wear, or possess my issued ID card. I fur acknowledge that I am responsible for the preservation and correct use of the ID issued in my name.  For office ID Advance ID Card. I fur acknowledge that I am responsible for the preservation and correct use of the ID issued in my name.		******	****		
### District/State:   Tth GA	Do you have a current or recent Senat	te or Capitol Police ID?	□ House	□ Sen	ate □ USCP
Start/Change Date:  Employee Type: Please choose one of the following:  Permanent Paid Member Staff Permanent Paid District Staff District Staff District Phone:    Required for interns, fellows temp start Not to exceed 2/28/2015   Permanent Paid Member Staff Non-Photo   Temporary Intern (Paid or Unpaid)   Temporary Fellow   DL MILITARY PP'	•		ice Manager:		
Employee Type: Please choose one of the following:    Permanent Paid Member Staff   Permanent Paid District Staff   Temporary Paid Member Staff   Non-Photo   ID type presented:   Temporary Intern (Paid or Unpaid)   DL MILITARY PP'	Member's Name: Rob Woodal	l		Dist	rict/State: 7th GA
Employee Type: Please choose one of the following:  Permanent Paid Member Staff Permanent Paid District Staff Non-Photo  Temporary Intern (Paid or Unpaid)  Business Hours 7 days a week 5 a.m 8 p.m. 7 days a week  The signatures below certify that the information is correct and accurate. The Member's office listed above is responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID  Signature of Member  Welley Kurtz  Signature of Member  Welley Kurtz  Signature of Member  Welley Kurtz  Name/Signature of Office Contact Personation and correct use of the ID issued in my name.  Welley Kurts and that I AM REQUIRED to surrender my ID badge immediately upon expiration and/or termination of employment. By signing this form, I acknowledge that I have read and understood termination of employment. By signing this form, I acknowledge that I have read and understood termination of employment. By signing this form, I acknowledge that I have read and understood termination of employment. By signing this form, I acknowledge that I have read and understood termination of the ID is the property of the ID is the ID is the property of the ID badge immediately upon expiration and/or termination of employment. By signing this form, I acknowledge that I have read and understood the ID is the property of the ID is the ID	Office Phone:	Fax: <b>5-4</b>	696 D	istrict Ph	one:
Employee Type: Please choose one of the following:  Permanent Paid Member Staff Permanent Paid District Staff D	Start/Change Date:		Expiration Da	ate:	
Temporary Intern (Paid or Unpaid)  Hours of Access: 24 Hours Business Hours 7 days a week 5 a.m 8 p.m. 7 days a week  The signatures below certify that the information is correct and accurate. The Member's office listed above is responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID must be returned to: ID Services, 321 Cannon HOB.  Kelley Kurtz  Signature of Member  Name/Signature of Office Contact Personal Understand that this Congressional ID is the property of the U.S. House of Representatives and that it is an integinstrument of Congressional security. I cannot authorize another to use, wear, or possess my issued ID card. I fur acknowledge that I am responsible for the preservation and correct use of the ID issued in my name.  I understand that I AM REQUIRED to surrender my ID badge immediately upon expiration and/or termination of employment. By signing this form, I acknowledge that I have read and understood the ID is the I	Employee Type: Please choose	one of the following:		Requ	uired for interns, fellows temp staff
Temporary Intern (Paid or Unpaid)  Hours of Access:   24 Hours 7 days a week  5 a.m 8 p.m. 7 days a week  The signatures below certify that the information is correct and accurate. The Member's office listed above is responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID must be returned to: ID Services, 321 Cannon HOB.  Kelley Kurtz  Signature of Member  Name/Signature of Office Contact Personal ID is the property of the U.S. House of Representatives and that it is an integring instrument of Congressional security. I cannot authorize another to use, wear, or possess my issued ID card. I fur acknowledge that I am responsible for the preservation and correct use of the ID issued in my name.  I understand that I AM REQUIRED to surrender my ID badge immediately upon expiration and/or termination of employment. By signing this form, I acknowledge that I have read and understood the intermination of employment. By signing this form, I acknowledge that I have read and understood.	□ Permanent Paid Member Sta			□ Tem	porary Paid Member Staff
Hours of Access:   24 Hours  7 days a week  The signatures below certify that the information is correct and accurate. The Member's office listed above is responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID must be returned to: ID Services, 321 Cannon HOB.  Kelley Kurtz  Signature of Member  Name/Signature of Office Contact Personal Understand that this Congressional ID is the property of the U.S. House of Representatives and that it is an integrated in strument of Congressional security. I cannot authorize another to use, wear, or possess my issued ID card. I fur acknowledge that I am responsible for the preservation and correct use of the ID issued in my name.  I understand that I AM REQUIRED to surrender my ID badge immediately upon expiration and/or termination of employment. By signing this form, I acknowledge that I have read and understood the integration and understood the integral of the integration and understood the integration of employment. By signing this form, I acknowledge that I have read and understood the integration an		□ Non-Photo	<b>)</b> —		ID type presented:
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Responsible for the proper and timely return of this ID card upon expiration and/or termination of employment. ID must be returned to: ID Services, 321 Cannon HOB.    Kelley Kurtz				a week	
Signature of Member  Name/Signature of Office Contact Person  Name/Signature o	responsible for the proper and timely r	return of this ID card upo			
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	I understand that this Congressional II instrument of Congressional security. I acknowledge that I am responsible for I understand that I AM REQUIRE termination of employment. By s	D is the property of the lacennot authorize another the preservation and captains to surrender my lacening this form, I a	U.S. House of Februsher to use, wear correct use of the badge imm	Representar, or posse e ID issue ediately	atives and that it is an integral ess my issued ID card. I furthed in my name.  upon expiration and/or
Signature of card holder (required)	Signature of card holder (require				
This completed form must be received by ID Services a minimum of ONE business day prior to the individu	This completed form must be re-	ceived by ID Services a	minimum of O	NE busine	ess day prior to the individual

Return to: ID Services, 321 Cannon HOB, Washington, D.C. FAX: (202) 225-0239 Phone: (202) 225-3820